## BOARD OF HEALTH TOWN OF STOW

## WELL PERMIT APPLICATION

D	Date		ree
onstruction	Repair	1	Abandon/Destruction
plicant:			
Vame:			
ddress:			
hone #:			
	from applicant:		
Map, Parcel, and Lot # of pr	roperty:		3.72
Well Driller:		License	#:(Copy attached
Well Drilling Company:			
Address of Company:			Phone:
ump Installer:			
New Building	Existing Building		
ResidentialO1	her If reside	ential, # of Bedrooms	
Design Engineer or Registe	red Sanitarian:		
Name:	Address:		
License or PE #	(See copy attached	I)	Phone:
WELL The Stow Board of Health	CONSTRUCTION / hereby grantsdenies	DESTRUCTION	Phone:
of a well at the following	location:	Map & I meet	
Address:			
Date of Issue:		Expiration date: (One )	vear from date of issue)
Restrictions/Extensions/	Requirements:		
(Signed)			(Date)

## CERTIFICATE OF CONSTRUCTION/DESTRUCTION, WATER QUALITY & QUANTITY COMPLIANCE REPORT

(Well drilling company)  (Mell drilling company)  (Applicant)  (Il permit #	(Date on 313 CMR) on and The Tomental Protection's Private met after pu	3.00 Mas Town of S ection's P Stow Pr e Well G	sachusetts Stow Priva rivate Well ivate Well uidelines v	ate Well  Il Guideline  Regulation  where they
(Applicant)  the location identified on a signed plan drawn by  onstruction standards have been met as set forth in vision of Water Resources, Well Drillers Registration equiations, and includes the Department of Environment they pertain to construction.  estruction standards have been met as set forth in dincludes the Department of Environmental Protection of the plant of the department of Environmental Protection of the protection of the plant of th	(Date on 313 CMR) on and The Tomental Protection's Private met after pu	3.00 Mas Town of S ection's P Stow Pr e Well G	sachusetts Stow Priva rivate Well ivate Well uidelines v	ate Well  Il Guideline  Regulation  where they
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egulation.				
egulation.				
copy of the well driller's log is attached. Well yield	l:	1.7		
copy of the well driller's log is attached. Well yield	1:			
100				
Vell driller's name	(C:)	-	(1	Date)
(Print please)	(Signature)		7.	
lame of Testing Laboratory				
tate certification #				
Date of Testing				
		2.5		
attached copy of analytical testing results.	Yes	No_		
f no copy of testing results please explain.				
Tho copy of testing results preserve				
Board of Health comments:				

Signed-Agent or Board member

## PRIVATE WELL CERTIFICATE

No	1		
To a Company of the C	this private well certificate for cor	nstruction	repair
The Stow Board of Health Issues	tins private visus early		
(Applicant	t)		
(Address)	s evidence of compliance with the	requirement	s of the Stow
(date) Board of Health Private Well Re 54.	gulation (enacted on 12/06/95) and	d MGL Chap	oter 40, Section
A building permit cannot of Health or its Agent.	be issued until this certifica	te is signe	d by the Board
submitted:	ter Quality and Quantity Complian	ce Report	
Water Quality analysis report s	Date		
The private water supply identif	fied above has been:		*
Approved	Disapproved		
Comments / Findings of the S	Stow Board of Health:		
			111 7
The issuance of this certificate satisfactorily. The Stow Board constructed well.	shall not be construed as a guaran d of Health assumes no liability as	tee that the to water qua	system will function ality or quantity in the
Signed:	_	Date	